

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Bureau of Mental Health Services*



***ACT Fidelity Assessment***

**for**

***Northern Human Services***

*Conducted November 28<sup>th</sup> through  
December 1<sup>st</sup>, 2016*

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## **I. ACRONYMS**

ACT	Assertive Community Treatment
BMHS	Bureau of Mental Health Services
CMHA	Community Mental Health Agreement
CMHC	Community Mental Health Center
DHHS	Department of Health and Human Services
EBP	Evidence Based Practice
LU	Low Service Utilization
MH	Mental Health
NH	New Hampshire
NHH	New Hampshire Hospital
PSA	Peer Support Agency
PIP	Program Improvement Plan
QAI	Quality Assurance and Improvement
QSR	Quality Service Review
SAMHSA	Substance Abuse and Mental Health Services Administration
SE	Supportive Employment
SMI	Severe Mental Illness
SPMI	Severe and Persistent Mental Illness
VR	Vocational Rehabilitation

## II. EXECUTIVE SUMMARY

The Fidelity Team was pleased with the openness and cooperation exhibited from all levels of staff at Northern Human Services (NHS) in terms of preparation, scheduling, coordination of the assessment activities, access to records, staff, and consumers for the fidelity review.

The outcome of this review for **Northern Human Services'** is an overall agency score of **105** out of a possible 140 and **Fair Implementation** - this score is a 5 point improvement from last year. **Berlin's** score of **99** is 6 point decline from last year and is in the **Fair Implementation** range. **Conway's** score of **114** is an increase of 13 points over last year and the result places this site in **Full Implementation** range. **Littleton's** Score is **104**, improved by 9 points from 2015, and a **Fair Implementation** rating.

Many areas of strengths were noted, and are listed in the Highlights section below. Several areas could be strengthened, as are listed in the Areas of Focus section below.

### **Highlights:**

Based on input from BBH, NHS has implemented three "mini-teams" in three of the communities they serve. The ACT teams have much strength and are providing a flexible, team-based model of care with a practice team leader and a clearly identified population. While the caseload is low, one team (Conway), with a consumer to staff ratio of 7.1 to 1, has significant room for expansion.

A significant improvement from last year's review was seen in the area of having a practicing and dedicated ACT Team leader at all sites. The program criteria match the SAMHSA (Substance Abuse and Mental Health Services Administration) guidelines and guidance issued from BMHS. Staff at all levels was aware of the criteria. ACT team members appear to work closely with agency liaison and hospital's admissions and inpatient providers to ensure timely and thorough communication and coordination of care for ACT consumer and new referrals. NHS ACT Team services are offered to consumers for as long as they desire and require them; there is no set time for "graduation". ACT staff works with consumers to keep them enrolled in ACT for at least a year. Staff uses a variety of creative strategies to engage with consumers in ACT services.

### **Areas of Focus (item score):**

We recognize that these mini-teams are going to be smaller than standard teams, by definition, and will use creative strategies to obtain access to all of the services clients need. Core ACT components include prescribers, team leadership, functional support service to teach illness management strategies, supported employment services and substance use disorder treatment

services. The teams appear to have embraced the ACT model and now have practicing team leaders, but are still working to transition all ACT team members fully onto the team.

For the agency and sites the lowest scores or biggest decrease from last year are items:

- **H9 Substance Abuse Specialist (2.7) and S8 Co-Occurring Disorders (1) -** Berlin and Conway sites would benefit from additional SA staff training or additional allocation of existing resources. Full implementation would mean the equivalent of 2 FTE Substance Abuse specialists per 100 consumers. Consideration should be given for the sites to prioritize implementing co-occurring disorders groups for ACT consumers.
- **O4 Responsibility for Crisis services (2) –** This is a critical and important aspect missing from Berlin and Littleton. Consideration should be given to get ACT consumers some enhanced and direct methods to access ACT staff after clinic hours and on weekends. NHS program description for ACT Services states:

*“The ACT team must operate after-hours on call system with staff that is experienced in the program and skilled in crisis intervention procedures. The ACT team must have the capacity to respond to emergencies, both in person and by telephone. To ensure direct access to ACT program, recipients must be given a phone list with the responsible ACT staff to contact after hours.”*

In Conway having the 24 hour ACT phone responsibility might be improved and sustainable if it were held by team members on a rotation basis.

- **S4 Intensity of Service (2.7) and S5 Frequency of Contact (2.3) –** Across all sites the service intensity and frequency for ACT consumers appears low, although Phoenix data indicate that there is a wide array of intensity and frequency. There were cases where non-ACT staffs remain involved in providing ongoing care to ACT consumers. In ACT, services are assertive and intensive matched with consumer need. Services will be most intensive and /or frequent around illness exacerbations, and taper down as consumers gain more stability and illness management capacities. Be sure that all direct care services are being recorded and delivered by ACT staff, and that consumers with high needs are accessing higher levels of intensity and frequency of services.
- **S10 Role of Consumers (2) -** With new hires made and the spirit of willingness to involve and collaborate expressed by the team members, this would seem to be a reasonable and productive area for growth across the agency.

### **III. BACKGROUND AND PURPOSE**

This report describes Assertive Community Treatment (ACT) services at Northern Human Services. The fidelity review is considered an integral component to complement and validate self-fidelity measures and is intended to promote and assure fidelity to the SAMHSA toolkit (and compliance with the Community Mental Health Agreement (CMHA)).

### **IV. REVIEW SCOPE AND PROCESS (METHODOLOGY)**

The ACT Fidelity Review Team conducted ACT Fidelity Reviews at Northern Human Services during the four day period from 11/28-12/1/2016. NHS has three sites or teams (Berlin, Conway and Littleton) that provide ACT services and each team was evaluated independently for ACT fidelity. The scores for each team are average to provide an overall ACT Fidelity score for the agency.

The review team consisted of the following staff from the State of New Hampshire Department of Health and Human Services, Department for Behavioral Health, Bureau of Mental Health Services: Karl Boisvert, Administrator of Community Mental Health Service; Elizabeth Fenner–Lukaitis, Acute Care Program Planning and Review Specialist; and Thomas Grinley, Office of Consumer and Family Affairs Program Planning and Review Specialist.

Additionally observers present on 11/29/2016 in Conway, 11/30/16 in Littleton, and 12/1/16 in Berlin: Steven Day, expert reviewer for the Community Mental Health Settlement Agreement and Diana Lacey, BMHS, Community Integration Coordinator.

In Littleton 11/28/2016 the team met with NHS Director of Quality Assurance who welcomed us to the agency and setup the team members with access and orientation to the Electronic Medical Record. The team began our review of 10 randomly selected records for each site, thirty records in total for the agency – the record review was completed over several periods across multiple sites and days. At each site the fidelity review consisted of:

1. Observation of an ACT team meeting (1 hour)
2. Individual meetings with ACT direct service staff of different disciplines including: Psychiatrist, Nurses, Substance Abuse and Supported Employment Specialists, Clinicians, Case Managers and Functional Support providers. (30-60 minutes)
3. Individual and group (Littleton and Berlin) consumer interviews (30-60 minutes)
4. Interview with ACT Team Leader (1 hour)
5. Meeting with CSP Directors (30-45 minutes)
6. Orientation to the electronic medical record (30 minutes)
7. ACT consumer shadowing for 2 Team members of 2 different consumers (1 hour each)

## 8. Exit interviews (about 30 minutes)

At the conclusion of each site/team review the ACT Fidelity Scale was completed independently by each Team member and the Team met subsequently to develop consensus scoring results. The scale is divided into three sections containing related individual scale items for scoring:

- Section **H** - **H**uman Resources: Structure and Composition (11 items).
- Section **O** - **O**rganizational Boundaries (7 Items).
- Section **S** - **S**tructure and Composition (10 items).

Each item is rated on a 5-point response format ranging from 1= no implementation to 5= full implementation with intermediate numbers representing progressively greater degrees of implementation. With 28 items the maximum possible score is 140 points. The guidelines further provide that scores:

- 84 or less are “Not ACT,”
- 85-112 are “Fair Implementation,” and
- 113-140 are considered “Full Implementation.”

Agencies with Full Implementation ACT according to the scale criteria have shown to have better outcomes than those that do not. The following sections address the three areas based on the visit.

## V. AGENCY OVERVIEW

Northern Human Services. The Community Support Program offers Individual Therapy, Group Therapy, Medical Services, Functional Support Services, Care Management, Housing, Evidenced Based Practices (Supported Employment, Illness Management and Recovery and Dialectical Behavioral Therapy) and Transportation Services.

## VI. REVIEW FINDINGS AND RECOMMENDATIONS / REQUIREMENTS

### Human Resources: Structure and Composition

<b>H1 Small caseload:</b> Consumer/provider ratio = 10:1	<b>Overall Score = 4.7 out of 5</b>  <b>Berlin = 4</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation and interviews with team leaders:

**Berlin – 35 consumers / 3.1 FTE staff = 11.3 consumers to 1 staff.**

**Conway – 30 consumers / 4.2 FTE staff = 7.1 consumers to 1 staff.**

**Littleton - 39 consumers / 4.0 FTE staff = 9.6 consumers to 1 staff.**

**H2 Team approach:** Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers.

**Overall Score = 3.3 out of 5**

**Berlin = 3  
Conway = 4  
Littleton = 3**

Based primarily on the ACT Fidelity Team's review of the 10 randomly selected records per site we found that the percentage of AC T consumers seen by more than one ACT Staff person over a 2 week period was:

**Berlin – 60%**

**Conway – 80%**

**Littleton – 40%**

**H3 Program meeting:** Meets often to plan and review services for each consumer

**Overall Score = 3.7 out of 5**

**Berlin = 4  
Conway = 4  
Littleton = 3**

Based on the ACT Fidelity Team's observation of ACT Team meetings and ACT team leader interviews, we found that psychiatrists were in attendance at least once per week at all sites and the number meetings where all full time staff were expected to attend and all consumers were reviewed were:

**Berlin & Conway – Two to four days per week.**

**Littleton – One day per week.**



<b>H4 Practicing ACT leader:</b> Supervisor of Frontline ACT team members provides direct services	<b>Overall Score = 4.7 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 4</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's interviews with ACT team leaders and our review of records we found that ACT teams leaders at all sites provided direct service:

**Berlin & Littleton** – More than 50% of the time.

**Conway** – Between 25% and 50% of the time.

<b>H5 Continuity of staffing:</b> Keeps same staffing over time.	<b>Overall Score = 4.3 out of 5</b>  <b>Berlin = 3</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation and ACT team leader interviews, staff turnover for the period reviewed was:

**Berlin** – Between 40-59%

**Conway and Littleton** – Less than 20%

<b>H6 Staff capacity:</b> Operates at full staffing.	<b>Overall Score = 4.7 out of 5</b>  <b>Berlin = 4</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation and ACT team leader interviews, we found that the sites staff capacity over the past 12 months was:

**Berlin** – Between 80-94%

**Conway and Littleton** – At least 95%.

<b>H7 Psychiatrist on team:</b> At least 1 full-time psychiatrist for 100 consumers works with program.	<b>Overall Score = 3.7 out of 5</b>  <b>Berlin = 4</b> <b>Conway = 5</b> <b>Littleton = 2</b>
Based on the ACT Fidelity Team’s review of documentation and ACT team leader interviews:  <b>Berlin</b> – Psychiatric FTE = 0.25 for 35 ACT Consumers = 0.71 FTE per 100  <b>Conway</b> – Psychiatric FTE = 0.3 for 30 ACT Consumers = 1.0 FTE per 100  <b>Littleton</b> - Psychiatric FTE = 0.25 for 39 ACT Consumers = 0.64 FTE per 100	
The ACT Fidelity Team recommendations: <ul style="list-style-type: none"><li>• <b>Littleton</b> – Consider increasing the psychiatric provider allocation to ACT</li></ul>	

<b>H8 Nurse on team:</b> At least 2 full-time nurses assigned for a 100-consumer program	<b>Overall Score = 2.3 out of 5</b>  <b>Berlin = 2</b> <b>Conway = 3</b> <b>Littleton = 2</b>
Based on the ACT Fidelity Team’s review of documentation and ACT team nurse interviews:  <b>Berlin</b> – RN FTE = 0.15 for 35 ACT Consumers = 0.43 per 100  <b>Conway</b> – RN FTE = 0.39 for 30 ACT Consumers = 1.30 per 100  <b>Littleton</b> - RN FTE = 0.15 for 39 ACT Consumers = 0.64 per 100	
The ACT Fidelity Team recommendations: <ul style="list-style-type: none"><li>• <b>Berlin and Littleton</b> – Consider increasing the RN staff allocation to ACT.</li></ul>	

<b>H9 Substance abuse specialist on team:</b> A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment.	<b>Overall Score = 2.7 out of 5</b>  <b>Berlin = 2</b> <b>Conway = 2</b> <b>Littleton = 4</b>
<p>Based on the ACT Fidelity Team’s review of documentation and ACT team leader and Substance Abuse specialists interviews:</p> <p><b>Berlin</b> – SUD FTE = 0.25 for 35 ACT Consumers = 0.71 per 100</p> <p><b>Conway</b> – SUD FTE = 0.20 for 30 ACT Consumers = 0.67 per 100</p> <p><b>Littleton</b> - SUD FTE = 0.77 for 39 ACT Consumers = 1.97 per 100</p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"> <li>• <b>Berlin and Conway</b> – Consider increasing SA Specialist staff allocation to ACT.</li> </ul>	

<b>H10 Vocational specialist on team:</b> At least 2 team members with 1 year training/experience in vocational rehabilitation and support.	<b>Overall Score = 3 out of 5</b>  <b>Berlin = 2</b> <b>Conway = 3</b> <b>Littleton = 4</b>
<p>Based on the ACT Fidelity Team’s review of documentation, observation of ACT team meetings, ACT team leaders and Supported Employment Specialists interviews:</p> <p><b>Berlin</b> – SE FTE = 0.25 for 35 ACT Consumers = 0.71 per 100</p> <p><b>Conway</b> – SE FTE = 0.25 for 30 ACT Consumers = 0.83 per 100</p> <p><b>Littleton</b> - SE FTE = 0.58 for 39 ACT Consumers = 0.1.49 per 100</p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"> <li>• <b>Berlin</b> - Consider increasing SE staff allocation.</li> </ul>	

<b>H11 Program size:</b> Of sufficient absolute size to consistently provide necessary staffing diversity and coverage	<b>Overall Score = 2 out of 5</b>  <b>Berlin = 2</b> <b>Conway = 2</b> <b>Littleton = 2</b>
<p>Based on the ACT Fidelity Team’s review of documentation and ACT team leaders interviews:</p> <p><b>Berlin – FTE = 3.10</b></p> <p><b>Conway – FTE = 4.24</b></p> <p><b>Littleton – FTE = 4.05</b></p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"> <li>For a Full Implementation rating on this item, NHS would need to significantly increase staff at each site and this may not be seen as realistic or feasible at the current time due to resource limitations and the unique challenges of providing ACT level services in rural settings. Efforts should continue to grow case loads and match the staffing needs accordingly and over time.</li> </ul>	

### **Organizational Boundaries**

<b>O1 Explicit admission criteria:</b> Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
<p>Based on the ACT Fidelity Team’s review of documentation and ACT team leaders, clinical staff and consumer interviews, we found that ACT teams <b>Berlin, Conway, and Littleton</b> actively recruited ACT consumers from a defined population and all cases comply with explicit admission criteria.</p>	
<b>O2 Intake rate:</b> Takes consumers in at a low rate to maintain a stable service environment.	<b>Overall Score = 5 out of 5</b>

	<b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation, ACT team leader and clinical staff interviews, we found that for ACT teams in **Berlin, Conway, and Littleton** the highest monthly intake rate is less than 6 consumers per month.

The ACT Fidelity Team recommends:

- Consider increasing the monthly intake rate across sites consistently and closer to 6 per month in order to support ACT team growth and in a manner that would not impact fidelity negatively.

<b>03 Full responsibility for treatment services:</b> In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation and ACT teams leader interviews, ACT team observations, and consumer shadowing, the teams in **Berlin, Conway, and Littleton** provides all 5 services to consumers.

<b>04 Responsibility for crisis services:</b> Has 24-hour responsibility for covering psychiatric crises.	<b>Overall Score = 2 out of 5</b>  <b>Berlin = 1</b> <b>Conway = 4</b> <b>Littleton = 1</b>
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Based on the ACT Fidelity Team's review of documentation and ACT team leaders interview, ACT team observation and consumer meetings and interviews:

**Berlin and Littleton** – The Agency ACT Program description indicates that ACT staff are available 24-7-365 and while there is an understanding if not policy that ACT staff be called after hours for consultation on ACT clients presenting for emergency services, in practice we saw very little indication that this happened. Consult with ACT leadership or team members

does not happen routinely or consistently with all cases.

The Berlin ACT team leader indicated that there is no method of consumers getting direct access to ACT staff at any time – no ACT phone and no plans to change that. Consumers were not aware that ACT staff might be available round the clock and for emergencies or for consultation. Consumers indicated that in an afterhours crisis they might go to the hospital emergency department or they might call the agency emergency services – a couple of clients expressed would they did not want to call the agency emergency services after hours. Consumers thought that being able to call ACT staff anytime would be beneficial.

The Littleton ACT team leader indicated that there is no direct ACT consumer access and that after clinic hours and on weekends the center’s emergency services are a desired “buffer” between ACT consumers and ACT staff. ACT consumers (1 out of 9 at the lunch) expressed that they would call emergency services, in some cases quite reluctantly, and the consumers did not have the experience or belief that ACT services were available after clinic hours and on weekends.

**Conway** – Conway’s ACT team leader appears to be the single staff person taking responsibility for covering after hours’ emergency calls. Conway has an ACT telephone and clients have that number. Consumers we spoke with knew that they could contact ACT members via the ACT phone number directly 24-7-365. Consumers were sensitive to calling afterhours and it appears that they may be reluctant to impose on or burden the ACT team leader.

The ACT Fidelity Team recommendations:

- **Berlin and Littleton.** This is a critical and important aspect of ACT service and so serious consideration should be given to finding solutions to allow ACT consumers some enhanced and direct access ACT staff , especially after clinic hours and on weekends.
- **Conway** - Consider having the 24 hour ACT phone become a responsibility shared team members on a rotation basis.

<b>05 Responsibility for hospital admissions:</b> Is involved in hospital admissions.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
<p>Based on the ACT Fidelity Team’s review of documentation, electronic medical record, and ACT team leaders’ interviews, ACT staffs’ interviews, ACT team observations and consumer meetings and interview, we determined that <b>ACT</b> teams in <b>Berlin, Conway and Littleton</b> were involved in at least 95% of admissions to inpatient psychiatric admissions for ACT consumers.</p>	

<b>06 Responsibility for hospital discharge planning:</b> Is involved in planning for hospital discharges.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
<p>Based on the ACT Fidelity Team’s review of documentation, electronic medical record, and ACT team leader interviews, ACT staff interviews, ACT team observations and consumer meetings and interviews, we determined that <b>ACT</b> teams in <b>Berlin, Conway and Littleton</b> were involved in at least 95% of discharges planning for inpatient psychiatric admissions for ACT consumers.</p>	

<b>07 Time-unlimited services (graduation rate):</b> Rarely closes cases but remains the point of contact for all consumers as needed.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
<p>Based on the ACT Fidelity Team’s review of documentation, electronic medical record, and ACT team leaders interview, ACT Staff interviews, ACT team observation and consumer meetings and interviews, the review team found <b>ACT</b> teams in <b>Berlin, Conway and Littleton</b> are serving all consumers on a time-unlimited basis, with fewer than 5% expected to graduate annually.</p>	

### Nature of Services

<b>S1 Community-based services:</b> Works to monitor status, develop community living skills in community rather than in office.	<b>Overall Score = 4.7 out of 5</b>  <b>Berlin = 4</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation, primarily 10 client records per site, as well as ACT team leader interviews, ACT staff interviews, ACT team observation and consumer meetings and interviews:

**Berlin** – Median % of community based services = 79%

**Conway & Littleton** – Median % of community based services = > 80%

<b>S2 No dropout policy:</b> Retains high percentage of consumers.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
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Based on the ACT Fidelity Team's review of documentation, electronic medical records, and ACT team leaders interview, ACT Staff interviews, ACT team observation and consumer meetings and interviews as well as the results from the time-unlimited services and graduation rate items (O7), we found that the ACT consumer percentage retention rates over 12 months:

**Berlin, Conway, and Littleton** = 95% or more

<b>S3 Assertive engagement mechanisms:</b> As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available.	<b>Overall Score = 5 out of 5</b>  <b>Berlin = 5</b> <b>Conway = 5</b> <b>Littleton = 5</b>
Based on the ACT Fidelity Team's review of electronic medical records, ACT team leader	



and staff interviews, ACT team observation, the review team determined that **the Berlin, Conway, and Littleton sites all** demonstrated consistently well thought out strategies for assertive consumer engagement whenever appropriate.

<p><b>S4 Intensity of service:</b> High total amount of service time, as needed.</p>	<p><b>Overall Score = 2.7 out of 5</b></p> <p><b>Berlin = 3</b>  <b>Conway = 3</b>  <b>Littleton = 2</b></p>
<p>Based on the ACT Fidelity Team’s review of 10 electronic medical records per site, we calculated the average duration of weekly face to face service per consumer for a month and determined the median value per site:</p> <p><b>Berlin</b> – Median duration of contact per consumer per week = 59 minutes</p> <p><b>Conway</b> – Median duration of contact per consumer per week = 65 minutes</p> <p><b>Littleton</b> - Median duration of contact per consumer per week = 34 minutes</p> <p>The mean duration of service in minutes per week shown in the most recent ACT quarterly service encounter report from the fall reported 146 minutes per person, in part due to 6 people who had very high intensity of services reported.</p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"> <li>Across all sites the service intensity for ACT consumers appeared low, but the Phoenix encounter data suggests that there is a wide range in the frequency and intensity of services provided to ACT recipients. The discrepancy may in part be due to the fact that there were cases where non-ACT staffs remain involved in providing ongoing care to ACT consumers. Full implementation requires intensive services delivery by ACT staff. Be sure that all direct care services are being recorded. The Littleton site may want to conduct a review of their service provision to better understand whether they are able to provide the level of intensity that is needed for each consumer.</li> </ul>	

<p><b>S5 Frequency of contact:</b> High number of service contacts, as needed.</p>	<p><b>Overall Score = 2.3 out of 5</b></p> <p><b>Berlin = 2</b>  <b>Conway = 3</b>  <b>Littleton = 2</b></p>
<p>Based primarily on the ACT Fidelity Team’s review of 10 electronic medical records per site, we calculated the average count of weekly face to face services per consumer for a month and determined the median value per site:</p> <p><b>Berlin</b> – Median frequency of contacts per consumer per week = 1.6</p> <p><b>Conway</b> – Median frequency of contacts per consumer per week = 2.3</p> <p><b>Littleton</b> - Median frequency of contacts per consumer per week = 1.9</p> <p>The mean number of service encounters per week shown in the most recent ACT quarterly service encounter report from the fall reported 2.8 service encounters per person.</p>	
<p>The ACT Fidelity Team recommendations: Frequent contacts by ACT staff are associated with improved consumer outcomes. Review documentation practices and ensure that all service contact are being accurately recorded. Consider increasing the frequency of contacts and moving any split care service fully on the ACT Team, in cases where there may be non-ACT staff maintaining treatment relationship. We recognize that clients who live in very rural areas may benefit from phone or video contact when in-person contact is not feasible.</p>	
<p><b>S6 Work with informal support system:</b> With or without consumer present, provides support and skills for consumer’s support network: family, landlords, and employers.</p>	<p><b>Overall Score = 4 out of 5</b></p> <p><b>Berlin = 4</b>  <b>Conway = 4</b>  <b>Littleton = 4</b></p>
<p>Based primarily on the ACT Fidelity Team’s interview with the ACT leader as well as review of documentation from NHS, electronic medical records, staff and consumer interviews, we found the <b>Berlin, Conway and Littleton</b> teams had <b>between 2-3 contacts</b> per month per consumer with community support system.</p>	

<p><b>S7 Individualized substance abuse treatment:</b> 1 or more team members provide direct treatment and substance abuse treatment for consumers with substance-use disorders.</p>	<p><b>Overall Score = 4 out of 5</b></p> <p><b>Berlin = 5</b>  <b>Conway = 4</b>  <b>Littleton = 3</b></p>
<p>Based on the ACT Fidelity Team’s review of documentation from NHS and electronic medical records, and ACT leader and clinical/substance abuse specialist interviews, we found the average duration of formal substance abuse delivered to per identified consumer:</p> <p><b>Berlin</b> – At least or more than 24 minutes.</p> <p><b>Conway</b> – Less than 24 minutes.</p> <p><b>Littleton</b> – No formal treatment but the team integrates some substance abuse treatment into regular consumer contacts.</p>	
<p><b>S8 Co-Occurring disorder treatment groups:</b> Uses group modalities as treatment strategy for consumers with substance-use disorders.</p>	<p><b>Overall Score = 1 out of 5</b></p> <p><b>Berlin = 1</b>  <b>Conway = 1</b>  <b>Littleton = 1</b></p>
<p>Based on the ACT Fidelity Team’s review of electronic medical records and ACT leader and clinical/substance abuse specialist interviews we found that the <b>Berlin, Conway, and Littleton</b> had fewer than 5% of consumers with substance abuse disorders in a treatment group.</p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"> <li>• Consideration should be given for the all to prioritize implementing co-occurring disorders groups for ACT consumers.</li> </ul>	
<p><b>S9 Dual Disorders (DD) Model:</b> Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence.</p>	<p><b>Overall Score = 3.7 out of 5</b></p> <p><b>Berlin = 3</b>  <b>Conway = 5</b>  <b>Littleton = 3</b></p>

Based on the ACT Fidelity Team’s review of electronic medical records, team observations, and ACT leader and clinician/substance abuse specialist interviews:

**Berlin and Littleton** – Uses a mixed model including dual diagnosis principles in treatment plans, stage-wise persuasion strategies, hospitalization for rehabilitation, and referral to 12 step groups.

**Conway** – Treatment is fully based in dual diagnosis principles and a range of stage-wise interventions provided by ACT staff.

<b>S10 Role of consumers on team:</b> Consumers involved as team members providing direct services.	<b>Overall Score = 2.3 out of 5</b>  <b>Berlin = 1</b> <b>Conway = 3</b> <b>Littleton = 3</b>
<p>Based on the ACT Fidelity Team’s interviews with ACT leaders, staffs and consumers as well as review of documentation, electronic medical records, and team observations:</p> <p><b>Berlin</b> – Consumers are not involved in providing service.</p> <p><b>Conway and Littleton</b> – Consumers work part-time in case management roles with reduced responsibilities.</p>	
<p>The ACT Fidelity Team recommendations:</p> <ul style="list-style-type: none"><li>• With new hires made and the spirit of willingness to involve and collaborate expressed by the team members, this would seem to be a reasonable and productive area for improvement across the agency.</li></ul>	

## VII. CONCLUSIONS AND NEXT STEPS

More complete documentation and the hiring of specific staff with area expertise will augment the service and subsequent higher fidelity ratings.

Several important areas of focus will be followed by BMHS going forward. We recommend that **NHS** develop and submit an action plan that addresses the specific goals and measurable objectives that can be implemented toward better fidelity overall, prioritizing the fidelity items where ratings have declined or are 3 or below (see table 1.). We look forward to your response within two weeks of receipt of this final report.

	NHS ACT Fidelity Review Comparisons							
	BERLIN		CONWAY		LITTLETON		NHS AGGREGATE	
	2015	2016	2015	2016	2015	2016	2015	2016
H1 - Small Caseload	5	4	5	5	5	5	5.0	4.7
H2 - Team Approach	5	3	2	4	2	3	3.0	3.3
H3 - Program Meeting	5	4	5	4	3	3	4.3	3.7
H4 - Practicing ACT Leader	1	5	2	4	2	5	1.7	4.7
H5 - Staff Continuity	5	3	3	5	4	5	4.0	4.3
H6 - Staff Capacity	5	4	5	5	4	5	4.7	4.7
H7 - Psychiatry	4	4	5	5	5	2	4.7	3.7
H8 - Nursing	2	2	2	3	3	2	2.3	2.3
H9 - Substance Abuse	2	2	5	2	1	4	2.7	2.7
H10 - Vocational (SE)	2	2	4	3	3	4	3.0	3.0
H11 - Program Size	2	2	4	2	2	2	2.7	2.0
O1 - Admission Criteria	5	5	4	5	5	5	4.7	5.0
O2 - Intake Rate	5	5	5	5	5	5	5.0	5.0
O3 - Service Responsibility	4	5	4	5	4	5	4.0	5.0
O4 - Crisis Responsibility	5	1	3	4	3	1	3.7	2.0
O5 - Hospital Admits	5	5	4	5	4	5	4.3	5.0
O6 - Hospital Discharges	4	5	3	5	4	5	3.7	5.0
O7 - Time Unlimited Svcs	5	5	4	5	4	5	4.3	5.0
S1 - Community-Based Svcs	5	4	4	5	5	5	4.7	4.7
S2 - No Dropout Policy	5	5	4	5	5	5	4.7	5.0
S3 - Assertive Engagement	5	5	3	5	4	5	4.0	5.0
S4 - Intensity of Svcs	4	3	4	3	4	2	4.0	2.7
S5 - Frequent Contact	3	2	3	3	2	2	2.7	2.3
S6 - Work with Support Sys	4	4	4	4	4	4	4.0	4.0
S7 - Ind Substance Tx	3	5	3	4	2	3	2.7	4.0
S8 - Co-Occurring Group	1	1	1	1	1	1	1.0	1.0
S9 - Dual Disorder Model	2	3	3	5	2	3	2.3	3.7
S10 - Consumer on Team	2	1	3	3	3	3	2.7	2.3
<b>TOTAL</b>	105	99	101	114	95	104	100.3	105.7
<b>MEAN</b>	3.8	3.5	3.6	4.1	3.4	3.7	3.6	3.8

TABLE 1 2015-2016 NHS ACT Fidelity Review score comparison.

Northern Human Services  
ACT Fidelity Corrective Action  
January 13, 2017

ACT Domain Item #/Score	ACT Fidelity Feedback	Score	Corrective Action Steps
H1-Small Caseload	Based on the ACT Fidelity Team's review of documentation and interviews with team leaders: Berlin – 35 consumers / 3.1 FTE staff = 11.3 consumers to 1 staff. Conway – 30 consumers / 4.2 FTE staff = 7.1 consumers to 1 staff. Littleton - 39 consumers / 4.0 FTE staff = 9.6 consumers to 1 staff.	NHS scored an overall 4.7. Berlin's score for this domain dropped to a 4 due to recent staff transitions while simultaneously experiencing an increase in their overall ACT numbers. This resulted in a decline in the NHS overall score of 5 in 2015 to 4.7 in 2016.	<ol style="list-style-type: none"> <li>1. Fill vacant Berlin positions</li> <li>2. Increase FTE allotments for key positions of nursing and substance abuse at the Berlin site.</li> </ol>
H3-Program Meeting	Based on the ACT Fidelity Team's observation of ACT Team meetings and ACT team leader interviews, we found that psychiatrists were in attendance at least once per week at all sites and the number meetings where all full time staff were expected to attend and all consumers were reviewed were: Berlin & Conway – Two to four days per week. In Berlin not all cases are reviewed at all of the meetings, though 'hot button' cases are discussed. Littleton – One day per week.	Overall Score-3.7  Neither Littleton nor Berlin review the entire ACT caseload at their daily meetings. Additional observations for Littleton were that in the "extended" meeting not all the clients were reviewed and that there did not seem to be a systematic method to ensure that all clients were reviewed. For full credit, the expectations are that full time staff attend four or more meetings per week, part time team members are expected to attend at least twice weekly & psychiatrist must be at one meeting, and all clients are reviewed at each meeting.	<ol style="list-style-type: none"> <li>1. In Littleton Core ACT staff will meet and review every ACT client 4-5 days a week.</li> <li>2. Berlin ACT team will meet 5 days a week to discuss all ACT clients, with the psychiatrist and Part-Time staff attending two meetings per week.</li> </ol>
H7- Psychiatry	Based on the ACT Fidelity Team's review of documentation and ACT team leader interviews: Berlin – Psychiatric FTE = 0.25 for 35 ACT Consumers = 0.71 FTE per 100	NHS had an overall score of 3.7. This decline in score is related to the significant increase in the number of ACT clients in the Littleton site (from 25 in 2015 to 39 in 2016) without a	<ol style="list-style-type: none"> <li>1. Increase Psychiatric FTE for the Littleton ACT team to .45 to accommodate current needs and allow for ACT team growth.</li> </ol>

	<p>Conway – Psychiatric FTE = 0.3 for 30 ACT Consumers = 1.0 FTE per 100</p> <p>Littleton - Psychiatric FTE = 0.25 for 39 ACT Consumers = 0.64 FTE per 100</p>	corresponding increase in Psychiatric FTE.	
ACT Domain Item #/Score	ACT Fidelity Feedback	Score	Corrective Action Steps
H8-Nursing	<p>Based on the ACT Fidelity Team’s review of documentation and ACT team nurse interviews:</p> <p>Berlin – RN FTE = 0.15 for 35 ACT Consumers = 0.43 per 100</p> <p>Conway – RN FTE = 0.39 for 30 ACT Consumers = 1.30 per 100</p> <p>Littleton - RN FTE = 0.15 for 39 ACT Consumers = 0.64 per 100</p>	<p>NHS overall score 2.7</p> <p>Neither Berlin nor Littleton’s RN FTE was increased to accommodate the growing ACT cases at those sites.</p>	<ol style="list-style-type: none"> <li>1. Increase RN FTE in Littleton to .4 to accommodate current needs</li> <li>2. Increase RN FTE in Berlin to .4</li> </ol>
H9- Substance Abuse	<p>Based on the ACT Fidelity Team’s review of documentation and ACT team leader and Substance Abuse specialists interviews:</p> <p>Berlin – SUD FTE = 0.25 for 35 ACT Consumers = 0.71 per 100</p> <p>Conway – SUD FTE = 0.20 for 30 ACT Consumers = 0.67 per 100</p> <p>Littleton - SUD FTE = 0.77 for 39 ACT Consumers = 1.97 per 100</p>	<p>NHS overall score 2.7</p> <p>Changes in the Conway ACT staffing had resulted in a decrease in SA FTE. This, coinciding with an increase in ACT clients resulted in a drop in scoring from 5 in 2015 to 2 in 2016. While Berlin had increase the SA FTE from .15 to .25 in 2016 the increase had not kept pace with the growth of ACT cases.</p>	<ol style="list-style-type: none"> <li>1. Increase SA FTE for both the Conway and Berlin ACT teams to .4</li> </ol>
H11-Program Size	<p>Based on the ACT Fidelity Team’s review of documentation and ACT team leaders interviews:</p> <p>Berlin – FTE = 3.10</p> <p>Conway – FTE = 4.24</p> <p>Littleton – FTE = 4.05</p>	<p>NHS overall score 2.0</p> <p>Given the rural and geographically vast territory served by Region 1 NHS has adopted a mini team model. In order to score a 3 in this domain each NHS ACT team would have to expand to have 5 full FTE per ACT site, for a total of 15 ACT FTE’s for all of NHS.</p>	<ol style="list-style-type: none"> <li>1. Fill ACT vacancies</li> <li>2. Increase RN, Psychiatric and SA FTEs .</li> <li>3. Northern is committed to expanding it’s ACT programs and will evaluate the feasibility of increasing ACT FTE sufficiently to meet a rating of 3.</li> </ol>



ACT Domain Item #/Score	ACT Fidelity Feedback	Score	Corrective Action Steps
O4- Crisis Responsibility	<p>Conway provides a 24/7 direct access line for ACT Consumers to access ACT team Members</p> <p>Berlin ACT team does not have a means of direct access for consumers</p> <p>Littleton ACT team does not have direct access after hours.</p>	<p>NHS overall score 2</p> <p>Berlin and Littleton ACT teams do not currently have a direct access line for consumers to access.</p> <p>Conway has 1 primary staff member who carries the ACT phone at all times</p>	<ol style="list-style-type: none"> <li>1. Conway staff will shift to a weekday rotation for manning the crisis phone.</li> <li>2. The Regional MH Administrator will work with Human Resources and the CFO regarding compensation rates for both salaried and hourly ACT team members willing to cover ACT on-call services that comply with DOL laws.</li> </ol>
S4- Intensity of Services	<p>Based on the ACT Fidelity Team's review of 10 electronic medical records per site, we calculated the average duration of weekly face to face service per consumer for a month and determined the median value per site:</p> <p>Berlin – Median duration of contact per consumer per week = 59 minutes</p> <p>Conway – Median duration of contact per consumer per week = 65 minutes</p> <p>Littleton - Median duration of contact per consumer per week = 34 minutes</p> <p>The mean duration of service in minutes per week shown in the most recent ACT quarterly service encounter report from the fall reported 146 minutes per person, in part due to 6 people who had very high intensity of services reported.</p>	<p>Overall score 2.7</p> <p>Both intensity of service and frequency of contacts fluctuate over time based on consumer need. Fidelity ratings are based on service events that occurred within a specified period of time for the sample cases selected and while they present a point in time snapshot the ratings could vary given a change in sample or review period.</p>	<ol style="list-style-type: none"> <li>1. Establish a 2x a week contact base expectation for ACT clients and modify frequency and intensity according to the individual's need.</li> <li>2. With the exception of FSS med support contacts, the Littleton ACT team will allocate up to 1 hour of community support resources for ACT consumers. Increased community supports will be made available as needed to effectively address changes in consumer support needs. ACT team members will work to enhance EBP skill sets in order to fully maximize support and skill training opportunities that ACT consumers would be able to utilize to meet their needs.</li> </ol>

ACT Domain Item #/Score	ACT Fidelity Feedback	Score	Corrective Action Steps
S5- Frequency of Contact	<p>Based primarily on the ACT Fidelity Team's review of 10 electronic medical records per site, we calculated the average count of weekly face to face services per consumer for a month and determined the median value per site:</p> <p>Berlin – Median frequency of contacts per consumer per week = 1.6</p> <p>Conway – Median frequency of contacts per consumer per week = 2.3</p> <p>Littleton - Median frequency of contacts per consumer per week = 1.9</p> <p>The mean number of service encounters per week shown in the most recent ACT quarterly service encounter report from the fall reported 2.8 service encounters per person.</p>	<p>Overall Score of 2.3</p> <p>Both intensity of service and frequency of contacts fluctuate over time based on consumer need. Fidelity ratings are based on service events that occurred within a specified period of time for the sample cases selected and while they present a point in time snapshot the ratings could vary given a change in sample or review period.</p>	<ol style="list-style-type: none"> <li>1. Establish a 2x a week contact base expectation for ACT clients and modify frequency and intensity according to the individual's need.</li> </ol>
S8-Co-Occurring Group	<p>Based on the ACT Fidelity Team's review of electronic medical records and ACT leader and clinical/substance abuse specialist interviews we found that the Berlin, Conway, and Littleton had fewer than 5% of consumers with substance abuse disorders in a treatment group.</p>	<p>Overall score of 1</p>	<ol style="list-style-type: none"> <li>1. Conway began a dual diagnosis group in January</li> <li>2. Littleton had attempted to start a dual diagnosis group but no one attended the group. Littleton is planning to alter the day and time of the meeting in hopes that this will work better for the schedules of those encouraged to attend.</li> </ol>
S10- Consumer on Team	<p>Berlin – Consumers are not involved in providing service.</p> <p>Conway and Littleton – Consumers work part-time in case management roles with reduced responsibilities.</p>	<p>Overall score of 2.3</p> <p>Berlin did not have the peer specialist position filled at the time of the ACT fidelity Review which decreased the overall rating from 2.7 to 2.3.</p>	<ol style="list-style-type: none"> <li>1. Berlin hired a peer specialist during the month of December and who will provide FSS services.</li> </ol>